PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10822549

									$\frac{1}{2}$	<u>ر</u>		T_0_
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	ENTITY	OB	OTHE	R THAN
TOTAL CLAIMS			1/1].	RATE	FEE	ارزی	RATE	FEE
F	OR		NUMBER FILED		NUMBER EXTRA		1	BASIC FE	E 385.00	OR	BASIC FEE	·
T	OTAL CHARGE	EABLE CLAIMS	// mi	nus 20=	. 2	21		X\$ 9=	189	_		
11/	DEPENDĖŅT (CLAIMS	minus 3 = *			<u> </u>		X43=	177	1	· X86=	
М	ULTIPLE DEPE	ENDENT CLAIM F	PRESENT		'				1-16	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							'	+145=_ TOTAL	5. (OR	+290=	
:	CLAIMS AS AMENDED - PART II								144	OR	TOTAL OTHER	THAN
	· · · · · ·	(Column 1)		(Column 2)				SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS (REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		= ,		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL DOIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ST IER USLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	** '		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	0. 444	=		X43=		OR	X86=	
1	FIRST PRESE	NTATION OF MI	JUNPUE DEF	ENDENT	CLAIM		1	+145=		OR	+290=	
	•						L .	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Columi		(Column 3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		
AMENDMENIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
II I	Independent		Minus	***		=		X43=		OR	X86=	·
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	CLAIM		十			-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
-44[[lhe "Highest Nun the "Highest Nun	nber Previously Pain nber Previously Pai per Previously Paid	d For" IN THIS d For" IN THIS	SPACE is le	ess than ess than	20, enter "20," 3, enter "3."		TOTAL DIT. FEE			TOTAL DDIT. FEE L	